

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						10/089924			
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1	1							
2		1	1						
3	2	1	1						
4	2	1							
5	1	1							
6	1	1							
7									
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47									
48									
49									
50									
TOTAL IND.		1							
TOTAL DEP.		5							
TOTAL CLAIMS		6							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
National Stamps Processor